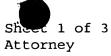
(Application Number)



Docket No.: PRI-134XX

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I he	reby declare that:	
My residence, post office addres	ss and citizenship are as s	tated below next to my name;
I believe I am the original, below) or an original, first ar the subject matter which is claentitled: RETICLE MANAGEMENT ST	nd joint inventor (if plura aimed and for which a paten	l names are listed below) or
the specification of which (chee	ck one):	
[X] is attached hereto. [] was	s filed as Applicated and(if	ation Noapplicable).
[] was filed as PCT Internation and was amended under PCT A	nal Application No rticle 19 on	on, (if applicable).
I hereby state that I have identified specification, incluto-above.		
I dicknowledge the duty to disconding of this application in accordance	ce with Title 37, Code of Fo	ederal Regulations §1.56(a).
I hereby claim foreign priori foreign application(s) for pate identified below any foreign ap filling date before that of the	nt or inventor's certificat plication for patent or inv	e listed below and have also ventor's certificate having a
Prior Foreign Application(s) ≟	Date Filed	Priority Claimed
(Number) (Country)	(Day/Month/Year)	[] [] Yes No
(Number) (Country)	(Day/Month/Year)	[] [] Yes No
I hereby claim the benefit provisional application(s) liste		9(e) of any United States
60,199,453 (Application Number)	April 25, 2000 (Filing Date)	
(Application Number)	(Filing Date)	

(Filing Date)

Express Mail Number



Attorney

Docket No.: PRI-134XX

I hereby claim the benefit under Title 35 USC §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 USC §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application No.)	(Filing Date)	(Patented/pending/abandoned)
(Application No.)	(Filing Date)	(Patented/pending/abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business connected therewith in the Patent and Trademark Office, and to file with the USRO any International Application based thereon.

Stanley M. Schurgin, Reg. No. 20,979
Charles L. Gagnebin III, Reg. No. 25,467
Paul J. Hayes, Reg. No. 28,307
Uictor B. Lebovici, Reg. No. 30,864

Eugene A. Feher, Reg. No. 33,171 Beverly E. Hjorth, Reg. No. 32,033 Holliday C. Heine, Reg. No. 34,346 Gordon R. Moriarty, Reg. No. 38,973 James F. Thompson, Reg. No. 36,699

Address all correspondence to:

<u>ا</u>ية ا

N

M

⊨

WEINGARTEN, SCHURGIN, GAGNEBIN & HAYES LLP Ten Post Office Square Boston, Massachusetts 02109 Telephone: (617) 542-2290

Telecopier: (617) 451-0313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor: Oren Wiesler			
City of Residence	State or Country	Country of Citize	nship
Wayland	Massachusetts	U.S.A	
Post Office Address	City	State or Country	Zip Code
7 York Road	Wayland	Massachusetts_	01778
Signature: (Please sign and date in permanent ink.)		Date signed:	
x		x	

Sheet 3 of 3

Attorney
Docket No.: PRI-134XX

Full Name of Second Joint Inventor: Thomas Mariano			
City of Residence Londonderry	State or Country New Hampshire	Country of Citize U.S.A.	nship
Post Office Address 9 East Woodbine Drive	City Londonderry	State or Country New Hampshire	Zip Code 03053
Signature: (Please sign and date in permanent ink.) X		Date signed: X	

1==1			
ū			
H.L		State or Country	Country of Citizenship
			,
7	Post Office Address	City	State or Country Zip Code
j:	Signature: (Please sign a	nd date in permanent ink.)	Date signed:
	x		x
, =			
M			
<u> </u>			

Full Name of Fourth Joint Inventor:		
City of Residence	State or Country	Country of Citizenship
Post Office Address	City	State or Country Zip Code
Signature: (Please sign and date in permanent ink.) X		Date signed: X